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APPLICANTS

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** **CONTINUING DATA** ***************************

This appln claims benefit of 60/243,046 10/25/2000
and claims benefit of 60/307,492 07/24/2001

** **FOREIGN APPLICATIONS** *********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 03/22/2002

Foreign Priority claimed ☐ yes ☑ no 35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance Verified and Acknowledged ____ Examiner's Signature ____ Initials	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1

ADDRESS

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TITLE

METHODS FOR TREATING BLOOD COAGULATION DISORDERS

FILING FEE RECEIVED 1246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
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		☐ 1.17 Fees (Processing Ext. of time)
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